

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/470,168	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
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35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	3					
48	3					
49	3					
50	3					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		1				
53		1				
54		2				
55		1				
56		1				
57		1				
58		3				
59		2				
60		1				
61		1				
62		1				
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97						
98						
99						
100						
TOTAL IND.		4				
TOTAL DEP.		72				
TOTAL CLAIMS		76				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS